

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576359

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2		1					52							
3		1					53							
4	1						54							
5		1					55							
6		1					56							
7		1					57							
8	-1						58							
9		1					59							
10		1					60							
11		1					61							
12	1						62							
13		1					63							
14		1					64							
15			1				65							
16			1				66							
17			1				67							
18			1				68							
19			1				69							
20			1				70							
21			1				71							
22			1				72							
23			1				73							
24			1				74							
25			1				75							
26			1				76							
27			1				77							
28			1				78							
29			1				79							
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31			1				81							
32			1				82							
33			1				83							
34			1				84							
35			1				85							
36			1				86							
37			1				87							
38			1				88							
39			1				89							
40			1				90							
41			1				91							
42			1				92							
43			1				93							
44			1				94							
45			1				95							
46			1				96							
47			1				97							
48			1				98							
49			1				99							
50			1				100							
TOTAL IND.	104		4											
TOTAL DEP.	10		10											
TOTAL CLAIMS	14		14											